Dear Stakeholders:

The Division is proposing amendments to Chapter VII, Assisted Living Residences. The changes are highlighted in yellow below. Any questions or written comments regarding this amendment should be provided by February 21, 2014 and directed to Laurie Schoder at laurie.schoder@state.co.us.

1 **Health Facilities and Emergency Medical Services Division** 2 STANDARDS FOR HOSPITALS AND HEALTH FACILITIES 3 **CHAPTER VII - ASSISTED LIVING RESIDENCES** 4 6 CCR 1011-1 Chap 07 5 6 1.102 DEFINITIONS 7 For purposes of this chapter, the following definitions shall apply, unless the context requires otherwise: 8 1.102(1) "Abuse" means emotional, VERBAL, physical and sexual abuse, as defined herein. [Changed to 9 correspond with types of abuse listed at §1.106.(1)(d)] 10 1.102(8) "Bedridden" means a resident who: 11 12 Is unable to ambulate or move about, independently or with the assistance of an auxiliary aid, OR 13 B) 14 who also requires assistance in turning and repositioning in bed. * * * * * 15 1.106 RESIDENT RIGHTS 16 17 1.106(1) *General.* Residents shall have the following rights: 18 106(1)(a) The right to be treated with respect and dignity. 19 106(1)(b) The right to privacy. 20 106(1)(c) The right not to be isolated or kept apart from other residents. 21 106(1)(d) The right not to be sexually, verbally, physically or emotionally abused, humiliated, 22 intimidated, or punished. 23 1.106(3) **Restraints.** Restraints as defined within these regulations are prohibited except as otherwise 24 provided in 27-10-101, et seq. C.R.S. for those facilities which are licensed to provide 25 26 services specifically for the mentally ill. The measures in Section 26-20-102(6)(d) and 26-10-102 27 (6)(e), C.R.S., may only be used in accordance with a treatment plan developed in consultation 28 with and based on a written order by a physician board certified in psychiatry or a psychiatric 29 clinical nurse specialist listed on the advance practice registry. The treatment plan, which shall

document that less restrictive measures were unsuccessful, shall be evaluated by a clinician with such credentials every three months.

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